

ENVIRONMENTAL COMPLIANCE PLAN

FACILITY DIRECTORY

FACILITY INFORMATION:

Business Name:		Business Phone:	
Site Address:			
City:	State:	Zip Code:	
Dun & Bradstreet Number:		SIC Code:	
Operator Name:		Operator Phone:	

BUSINESS OWNER INFORMATION:

Owner Name:		Owner Phone:	
Owner Mailing Address:			
City:	State:	Zip Code:	

ENVIRONMENTAL COMPLIANCE CONTACT: (ECP, permits and correspondence are mailed to this contact)

Contact Name:		Contact Phone:	
Mailing Address:			
City:	State:	Zip Code:	

EMERGENCY CONTACTS:

PRIMARY EMERGENCY COORDINATOR	SECONDARY EMERGENCY COORDINATOR
Name:	Name:
Title:	Title:
Business Phone:	Business Phone:
24-Hour Phone:	24-Hour Phone:
Cell Phone:	Cell Phone:

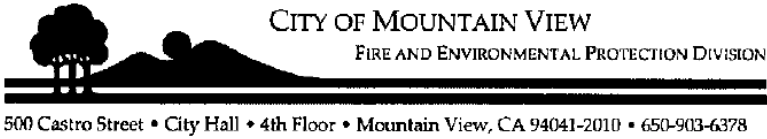
ADDITIONAL REQUIRED INFORMATION:

EPA ID #	Primary Business Activity:		
Property Owner:		Property Owner Phone:	
City:	State:	Zip Code:	
Shift Times: First	to	Second	to
No. of Employees /Shift:		Third	to

I am an officer of at least the level of Vice President, General Partner or Sole Proprietor. I hereby certify under penalty of law that this information was obtained in accordance with applicable requirements. Based on my inquiry of those individuals responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete.

Print Name of Document Preparer:	Title:
Signature of Owner/Operator:	Date:

ENVIRONMENTAL COMPLIANCE PLAN



FACILITY MAP (see back of sheet for instructions)

Business Name

Page

of

Pages

Facility Street Address

Date

Scale (in:ft)

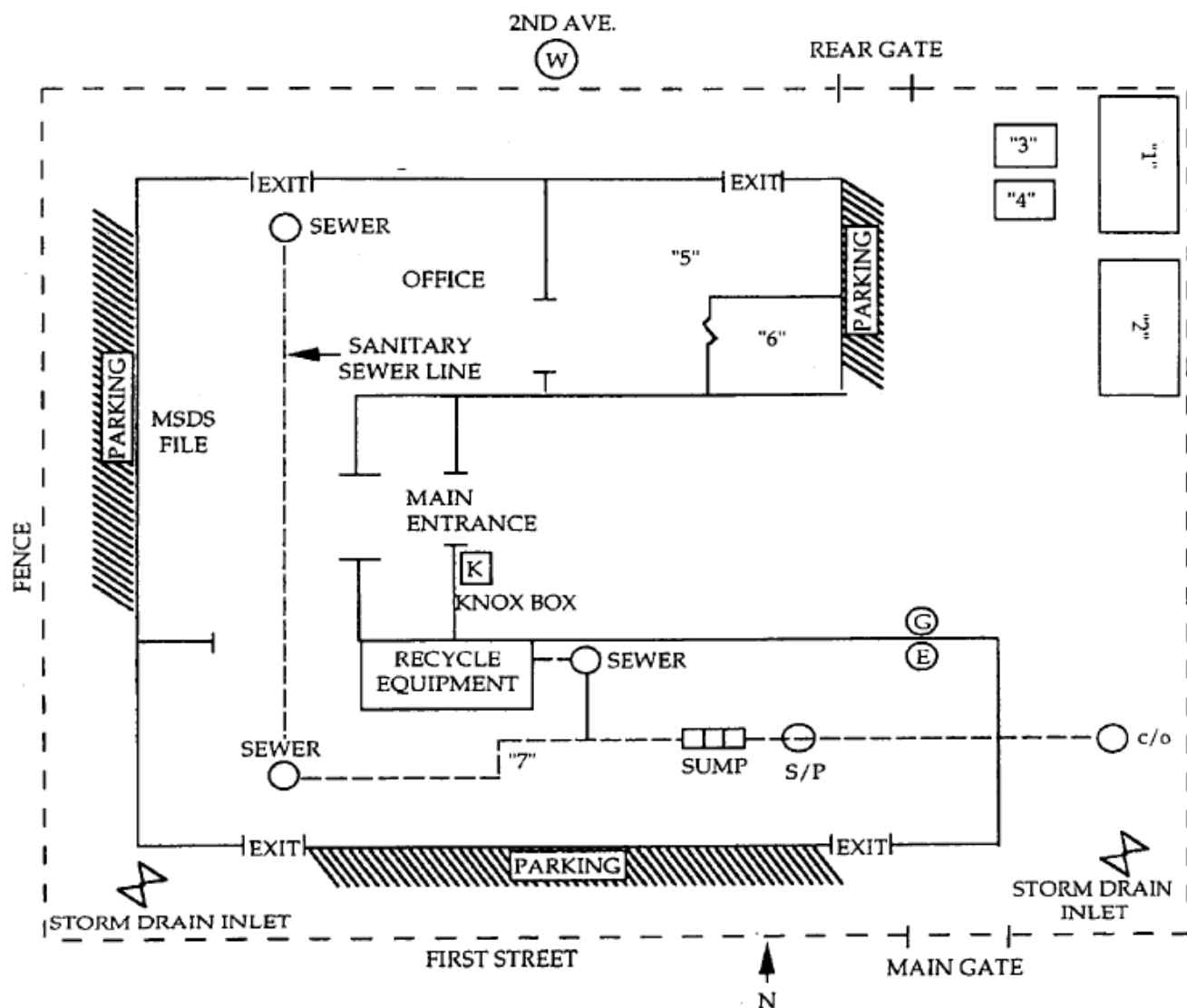
Provide a line drawing of your facility below following the example and instructions on the back of this form.

INSTRUCTIONS

Use this form, or submit two copies on 8-½" by 11" paper, providing all of the following information if applicable.

- Orientation of building(s) on property (Identify NORTH)
- Main Entrance
- Exits from all buildings
- Storm drain locations (outside)
- Sanitary sewer locations (inside)
- Hazardous materials storage area(s)—Identify each area by a symbol (number, letter or alphabet)
- Hazardous waste storage area(s)—Identify each area by a symbol (number, letter or alphabet)
- Above- and belowground tanks—Identify each tank by a symbol (number, letter or alphabet)
- Emergency utility shutoff for gas, water and electricity
- Material data safety sheet (MSDS) storage location
- Lock/Knox box location
- Adjacent streets
- Sanitary sewer line under the facility
- Recycling equipment location(s)
- Chemical treatment system location(s)
- Wastewater sumps, clarifiers or oil/water separator location(s)
- Sampling port location if applicable—(S/P)
- Outside sewer cleanout—(C/O)

EXAMPLE



INSTRUCTIONS

- (1) When more than one page is used for a storage facility, enter the page number and the total number of pages.
- (2) DATE—Enter the date of the application.
- (3) BUSINESS NAME—Enter business name and the street address for the specific “facility” for which the application applies and do not use general mailing addresses. A “facility” means a building or buildings, adjacent structures and surrounding land used by a single business entity at a single location or site.
- (4) TRADE NAME/CHEMICAL NAME—For each regulated material (includes both nonwaste and waste materials), provide the trade name followed by a slash and then the chemical name, proprietary name or chemical name of major constituents for mixtures (Example: Freon 113/trichlorotrifluoroethane). For each waste, the word “WASTE” must be included in the Chemical Name. For chemicals in containers smaller than one gallon, list them as “Assorted” followed by the hazard class (Example: “Assorted Flammable Liquids”).
- (5) HAZARD CLASS—Enter the hazard class using the abbreviations shown below. Use as many additional pages of this form as necessary to complete the report for each storage facility. The chemical’s hazard class is defined in the Hazardous Materials Ordinance, Chapter 24, MVCC.

HAZARD CLASSES AND ABBREVIATIONS

Combustible Liquid	CL	Flammable Solid	FS	Organic Peroxide-Solid	PEROX-S
Corrosive Gas	CORR-G	Infectious Substance	INFECT	Poisonous Material-Gas	POIS-G
Corrosive Liquid	CORR-L	Miscellaneous Hazardous		Poisonous Material-Liquid	POIS-L
Corrosive Solid	CORR-S	Materials-Liquid	MISC-L	Poisonous Material-Solid	POIS-S
Cryogenics	CRYO	Miscellaneous Hazardous		Radioactive	RAD
Dangerous When Wet-Liquid	DANG-L	Materials-Solid	MISC-S	Spontaneously Combustible-Liquid	SPON-L
Dangerous When Wet-Solid	DANG-S	Nonflammable Gas	NFG	Spontaneously Combustible-Solid	SPON-S
Explosives	EXPL	Oxidizer-Liquid	OXY-L		
Flammable Gas	FG	Oxidizer-Solid	OXY-S		
Flammable Liquid	FL	Organic Peroxide-Liquid	PEROX-L		

- (6) MAP LOCATION—For each hazardous material, enter the room or area location designation as listed on the facility map. For example, if your map identifies each storage area by a letter of the alphabet, use the same letter in this space to identify the particular storage area where this material is located. If a material is found in more than one location, list the material, quantity, container type, etc. SEPARATELY FOR EACH LOCATION. All map locations listed here must be denoted on the Facility Map.
- (7) QUANTITY—Enter the maximum total quantity of regulated material that is stored at any one time in the storage facility for each chemical. Round off the quantities to the nearest whole gallon, pound or cubic foot. When the material is stored in a tank, the quantity reported shall be the capacity limit of the tank.
- (8) UNIT OF MEASUREMENT—Enter the unit of measurement (gal, lbs, or cu ft) for the regulated material.
- (9) CONTAINER TYPE—Indicate the type of container the regulated material is stored in using the abbreviations below:

AGT	Above-Ground Tank	Any container greater than 55 gallons.
BAG	Bag	50 lbs.
BGT	Below-Ground Tank	Any container stored below grade. Enter each container separately.
BOT	Bottle	1 gal.
BOX	Box	50 lbs.
CAN	Can	1 gal. or 1 lb.
CBY	Carboy	14 gallons.
CYL	Pressurized Cylinders or Canisters	200 cu. ft.
DEW	Dewer	43 gal.
DRUM	Metal, Plastic or Fiber Drums	55 gal.
EQU	Processing Equipment	Enter each piece of equipment separately.
JUG	Containers	1 gal.
OTH	Other	Enter each container separately.
PAIL	Pail	5 gal.
RC	Rail Car	Enter each container separately
SPRY	Spray Can (Aerosol Can)	16 oz.

- (10) TEMPERATURE—Indicate the temperature at which the regulated material is stored or processed using the abbreviations below:

AMB	Ambient (Room Temperature)
>AMB	Greater than Ambient
<AMB	Less than Ambient

- (11) PRESSURE—Indicate the pressure at which the regulated material is stored or processed using the abbreviations below:

AMB	Ambient (Room Temperature)
>AMB	Greater than Ambient
<AMB	Less than Ambient

ANNUAL WASTE PRODUCED—Enter the total annual production of each hazardous waste listed. This column should only be completed if the material is a waste.

CALIFORNIA WASTE CODE—If the material listed is a waste, enter the California Waste Code for it. This is a 3-digit number found on the hazardous waste manifest. This column should only be completed if the material is a waste.

EMERGENCY RESPONSE PLAN I:
Emergency Procedures

Emergency response to hazardous materials spills or releases is the responsibility of the **business owner**. The role of the Fire Department is to provide **assistance** to your primary response actions. The site-specific Emergency Response (Contingency) Plan describes your facility's plan for dealing with reportable hazardous material emergencies and shall be implemented immediately whenever they occur. Employees must understand their roles and responsibilities during such an emergency through ongoing training and drills. For larger facilities, a more detailed plan may be substituted, but it must include all the items listed here. **This plan shall be maintained on-site for use in the event of an emergency and for inspection by the Fire Department.**

1. **Evacuation Plan:**

The following alarm signal(s) will be used to begin evacuation of the facility (*check all which apply*):

- ☐ Bells ☐ Horns/Sirens ☐ Verbal (*i.e., shouting*) ☐ Other (*specify*) _____
- ☐ Evacuation map(s) are prominently displayed throughout the facility, including entrances to hazardous materials storage locations.

NOTE: Your ECP Facility Maps satisfy contingency plan map requirements. These drawings (or any other drawings which show primary and alternate evacuation routes, emergency exits and primary and alternate staging areas) must be prominently posted throughout the facility, including entrances to hazardous materials storage locations.

2. **a. Emergency Contacts*:**

Fire/Police/AmbulancePhone No. **911**
State Office of Emergency ServicesPhone No. **(800) 852-7550**

b. Post-Incident Contacts*:

Fire Department Environmental Safety Division Phone No. **(650) 903-6378**
County of Santa Clara, Department of Environmental Health..... Phone No. **(408) 918-3400**
Cal-OSHA Division of Occupational Safety and Health Phone No. **(510) 794-2521**
Bay Area Air Quality Management District Phone No. **(415) 771-6000**
Regional Water Quality Control Board Phone No. **(510) 622-2300**

**These telephone numbers are provided as a general aid to emergency notification. Be advised that additional agencies may be required to be notified.*

c. Emergency Resources:

Poison Control CenterPhone No. **(800) 876-4766**

Nearest Hospital: Name: _____ Phone No: _____

Address: _____ City: _____

Hazwaste Cleanup Contractor: _____ Phone No: _____

Contact Name: _____ EPA ID#: _____

3. **Arrangements with First Responders:**

If you have made special (*i.e., contractual*) arrangements with any police department, fire department, hospital, cleanup contractor, or State or local emergency response team to coordinate emergency services, describe those arrangements below:

4. Emergency Procedures:

Emergency Coordinator (EC) Responsibilities:

- a. Whenever there is a reportable hazardous materials spill or release emergency, the EC (or his/her designee) whose name is _____ and job title is _____ shall:
 - i. Identify the character, source, amount and aerial extent of any released hazardous materials.
 - ii. Assess possible hazards to human health or the environment that may result from the emergency. This assessment must consider both direct and indirect effects.
 - iii. Activate internal facility alarms or communication systems, where applicable, to notify all facility personnel.
 - iv. Notify appropriate local authorities (i.e. call 911).
 - v. Notify the State Emergency Management Agency at 1-800-852-7550.
 - vi. Monitor for leaks, pressure build up, gas generation, or ruptures in valves, pipes, or other equipment shut down in response to the emergency.
 - vii. Take all reasonable measures necessary to ensure that the emergency does not occur, reoccur, or spread to other hazardous materials at the facility.
- b. Before facility operations are resumed in areas of the facility affected by the incident, the emergency coordinator shall:
 - i. Provide for proper storage and disposal of recovered waste, contaminated soil or surface water, or any other material that results from a explosion, fire, or release at the facility.
 - ii. Ensure that no material that is incompatible with the released material is transferred, stored, or disposed of in areas of the facility affected by the incident until cleanup procedures are completed.
 - iii. Ensure that all emergency equipment is cleaned, fit for its intended use, and available for use.
 - iv. Notify the California Department of Toxic Substances Control (DTSC), the local Certified Unified Program Agency (CUPA), and the local fire department's hazardous materials program that the facility is in compliance with requirements 2-a and 2-b, above.

Responsibilities of Personnel Other Than the EC:

<i>Function</i>	<i>Name and Job Title</i>
Shutdown of Operations/Systems:	_____
Evacuation of Building Personnel:	_____
Oversight of Outside Assembly Areas:	_____
Medical Treatment for Injuries (First Aid, CPR, etc.):	_____

5. Post-Incident Reporting/Recording:

The time, date, and details of any hazardous materials incident that requires implementation of this plan shall be noted in the facility's operating record.

Within 15 days of any hazardous materials emergency incident or threatened hazardous materials emergency incident which triggers implementation of this plan, a written Emergency Incident Report, including, but not limited to a description of the incident and the facility's response to the incident, must be submitted to the California Department of Toxic Substances Control, the local Certified Unified Program Agency (CUPA), and the local fire department's hazardous materials program. The report shall include:

- a. Name, address, and telephone number of the facility's owner/operator;
- b. Name, address, and telephone number of the facility;
- c. Date, time, and type of incident (*e.g., fire, explosion, etc.*);
- d. Name and quantity of material(s) involved;
- e. The extent of injuries, if any;
- f. An assessment of actual or potential hazards to human health or the environment, where this is applicable;
- g. Estimated quantity and disposition of recovered material that resulted from the incident;
- h. Cause(es) of the incident;
- i. Actions taken in response to the incident;
- j. Administrative or engineering controls designed to prevent such incidents in the future.

6. Earthquake Vulnerability: [19 CCR 2731(e)]

- a. **Identification** of areas of the facility and mechanical or other systems that require immediate inspection or isolation because of their vulnerability to seismic activity.
- b. **Inspection** of all vulnerable hazardous waste/materials areas, including any or all compressed gases and storage tank/containers. All braces, chains and supporting anchors that secure hazardous waste/materials will be inspected for integrity breach.
- c. **Isolation** of compressed gases that are incompatible will be segregated to prevent hazard of commingling other chemicals of a hazard category or incompatibility will be segregated as necessary.

7. Hazard Mitigation/Prevention/Abatement [19 CCR 2731(c)]

Describe your procedures that provide for mitigation, prevention or abatement of hazards to persons, property or the environment below:

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EMERGENCY RESPONSE PLAN II: Emergency Equipment

List the emergency equipment you have on-site (check all that apply):

EQUIPMENT CATEGORY	EQUIPMENT TYPE	LOCATION*	DESCRIPTION ** (specify the frequency/procedures for equipment testing/maintenance)
PERSONAL PROTECTIVE EQUIPMENT, SAFETY EQUIPMENT AND FIRST-AID EQUIPMENT	<input type="checkbox"/> Cartridge Respirators		
	<input type="checkbox"/> Chemical Monitoring Equipment (describe)		
	<input type="checkbox"/> Chemical Protective Apron/Coats		
	<input type="checkbox"/> Chemical Protective Boots		
	<input type="checkbox"/> Chemical Protective Gloves		
	<input type="checkbox"/> Chemical Protective Suits (describe)		
	<input type="checkbox"/> Face Shields		
	<input type="checkbox"/> First-Aid Kits/Stations (describe)		
	<input type="checkbox"/> Hard Hats		
	<input type="checkbox"/> Plumbed Eye Wash Stations		
	<input type="checkbox"/> Portable Eye Wash Kits (i.e., bottle type)		
	<input type="checkbox"/> Respirator Cartridges (describe)		
	<input type="checkbox"/> Safety Glasses/Splash Goggles		
	<input type="checkbox"/> Safety Showers		
	<input type="checkbox"/> Self Contained Breathing Apparatus (SCBA)		
FIRE EXTINGUISHING SYSTEMS, SPILL CONTROL EQUIPMENT AND DECON EQUIPMENT	<input type="checkbox"/> Automatic Fire Sprinkler Systems		
	<input type="checkbox"/> Fire Alarm Boxes/Stations		
	<input type="checkbox"/> Fire Extinguishing System (describe)		
	<input type="checkbox"/> Absorbents (describe)		
	<input type="checkbox"/> Berms/Dike (describe)		
	<input type="checkbox"/> Decontamination Equipment (describe)		
	<input type="checkbox"/> Emergency Tanks (describe)		
	<input type="checkbox"/> Exhaust Hoods		
	<input type="checkbox"/> Gas Cylinder Leak Repair Kits (describe)		
	<input type="checkbox"/> Neutralizers (describe)		
	<input type="checkbox"/> Overpack Drums		
	<input type="checkbox"/> Sumps (describe)		
COMMUNICATIONS AND ALARM SYSTEMS	<input type="checkbox"/> Chemical Alarms (describe)		
	<input type="checkbox"/> Intercoms/PA Systems		
	<input type="checkbox"/> Portable Radios		
	<input type="checkbox"/> Telephones		
	<input type="checkbox"/> UST Leak Detection Monitors		
ADDITIONAL EQUIPMENT			

* If appropriate, use the location codes from your Facility Map(s).

** Describe this equipment and its capabilities. If applicable, specify any testing/maintenance procedures/intervals.

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EMERGENCY RESPONSE PLAN III: Training/Recordkeeping

Indicate below the training provide for all new and existing (annual refresher) employees (check all that apply):

1. Personnel are trained in the following procedures:
<i>Note: Items marked with an asterisk(*) are required</i>
<input checked="" type="checkbox"/> Internal alarm/notification *
<input checked="" type="checkbox"/> Evacuation/reentry procedures and assembly point locations *
<input type="checkbox"/> Emergency incident reporting
<input type="checkbox"/> External emergency response organization notification
<input checked="" type="checkbox"/> Location(s) and contents of Emergency Response Plan *
<input type="checkbox"/> Facility evacuation drills, which are conducted at least (<i>specify</i>):
2. Chemical Handlers are additionally trained in the following:
<i>Note: Items marked with an asterisk(*) are required</i>
<input checked="" type="checkbox"/> Safe methods for handling and storage of hazardous materials *
<input checked="" type="checkbox"/> Location(s) and proper use of fire and spill control equipment *
<input checked="" type="checkbox"/> Spill procedures/Emergency procedures *
<input checked="" type="checkbox"/> Proper use of personal protective equipment *
<input checked="" type="checkbox"/> Specific hazard(s) of each chemical to which the may be exposed, including routes of exposure (<i>i.e., inhalation, ingestion, etc.</i>)*
<input type="checkbox"/> Hazardous Waste Handlers/Managers are trained in all aspects of hazardous waste management specific to their job duties (<i>e.g., container accumulation requirements, labeling requirements, storage area inspection requirements, manifesting requirements, etc.</i>)
3. Emergency Response Team Members are capable of and engaged in the following:
<i>Note: Items marked with an asterisk(*) are required</i>
<input type="checkbox"/> Personnel rescue procedures
<input type="checkbox"/> Shutdown of operations
<input type="checkbox"/> Liason with responding agencies
<input type="checkbox"/> Use, maintenance and replacement of emergency response equipment
<input type="checkbox"/> Refresher training which is provided at least annually
<input type="checkbox"/> Emergency response drills which are conducted at least (<i>specify</i>):
4. The following records are maintained by this facility:
<i>Note: Items marked with an asterisk(*) are required</i>
<input checked="" type="checkbox"/> Current employees' training records (to be retained until facility closure) *
<input checked="" type="checkbox"/> Former employees' training records (to be maintained at least 3 years after employment termination) *
<input checked="" type="checkbox"/> Training Program(s) (<i>i.e., written description of introductory and continuing training</i>) *
<input checked="" type="checkbox"/> Current copy of this Emergency Response Plan *
<input checked="" type="checkbox"/> Record of recordable/reportable hazardous material/waste releases *
<input checked="" type="checkbox"/> Record of hazardous material/waste storage area inspections *
<input checked="" type="checkbox"/> Record of hazardous waste tank daily inspections *
<input type="checkbox"/> Description and documentation of facility emergency response drills

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FIRE AND LIFE SAFETY

(see back of sheet for instructions)

Business Name (1) <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	Date (2) <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Facility Street Address (3) <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	

Building Data:

(4) Facility Sq/Ft: <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	(5) Basement? <input type="checkbox"/> Yes <input type="checkbox"/> No	(6) Mezzanine Use: <div style="border: 1px solid black; width: 150px; height: 20px;"></div>
(7) Number of Stories: <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	(8) Access: <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	

Life Safety and Fire Protection:

(9) Sprinkler System <input type="checkbox"/> Fully Sprinklered <input type="checkbox"/> Partially Sprinklered <input type="checkbox"/> Not Sprinklered	(10) Engineered Fire Protection Systems <input type="checkbox"/> Kitchen hood and duct system <input type="checkbox"/> Halon/replacement agents <input type="checkbox"/> Chemical storage shed <input type="checkbox"/> Spray Booth	(11) Specialized Fire Protection Systems <input type="checkbox"/> Fire doors <input type="checkbox"/> Heat/smoke detectors <input type="checkbox"/> Standpipe <input type="checkbox"/> Private hydrant <input type="checkbox"/> Fire pump
(12) Fire Alarm Signal Supervision <input type="checkbox"/> Central / Remote Station <input type="checkbox"/> Local <input type="checkbox"/> Mountain View Dispatch center <input type="checkbox"/> No fire alarm system		

Operating Permits (13):

<input type="checkbox"/> Aerosols:	
<input type="checkbox"/> Manufacturing, storage or use of Level 2 aerosol products greater than 500 lbs	<input type="checkbox"/> Manufacturing, storage or use of Level 3 aerosol products greater than 500 lbs
<input type="checkbox"/> Compressed Gases:	
<input type="checkbox"/> Corrosive Gas <input type="checkbox"/> Toxic Gas	<input type="checkbox"/> Highly toxic Gas <input type="checkbox"/> Pyrophoric Gas
<input type="checkbox"/> Cryogenic Fluids:	
<input type="checkbox"/> Interior aboveground storage tank(s)	<input type="checkbox"/> Exterior aboveground storage tank(s)
<input type="checkbox"/> Dry Cleaning Plant:	
<input type="checkbox"/> Type I Drycleaning Plant <input type="checkbox"/> Type II Drycleaning Plant <input type="checkbox"/> Type IIIA Drycleaning Plant	<input type="checkbox"/> Type IIIB Drycleaning Plant <input type="checkbox"/> Type IV Drycleaning Plant
<input type="checkbox"/> Dust Producing Operations:	
<input type="checkbox"/> Agricultural and food products processing facility <input type="checkbox"/> Combustible metal processing facility	<input type="checkbox"/> Wood processing or woodworking facility <input type="checkbox"/> Other combustible dust producing facility
<input type="checkbox"/> Explosives:	
<input type="checkbox"/> Manufacturing, storage, handling or sale of explosive material	

<input type="checkbox"/> Flammable and Combustible Liquid in Tanks:	
<input type="checkbox"/> Diesel tank for emergency generator <input type="checkbox"/> Diesel tank for fire pump	<input type="checkbox"/> Aboveground flammable or combustible liquid tank <input type="checkbox"/> Underground flammable or combustible liquid tank
<input type="checkbox"/> Fumigation:	
<input type="checkbox"/> Storage and use of fumigants or thermal insecticidal fogs	
<input type="checkbox"/> Hazardous Materials:	
<input type="checkbox"/> Building or Structure Containing Materials that Pose a Detonation Hazard (H-1) <input type="checkbox"/> Building or Structure Containing Materials that Pose a Deflagration Hazard (H-2) <input type="checkbox"/> Building or Structure Containing Materials that Readily Support Combustion or that Pose a Physical Hazard (H-3)	<input type="checkbox"/> Building or Structure Containing Materials that are a Health Hazard (H-4) <input type="checkbox"/> Semiconductor Fabrication Facility (H-5)
<input type="checkbox"/> High Piled Storage:	
<input type="checkbox"/> Greater than 500 Square Feet of Combustible Materials in Closely Packed Piles, on Pallets, in Racks, or on Shelves Greater than 12 Feet in Height	<input type="checkbox"/> Greater than 500 Square Feet of High Hazard Commodities (i.e. Rubber Tires, Group A Plastics, Flammable Liquids) Greater than 6 Feet in Height
<input type="checkbox"/> High Rise Building:	
<input type="checkbox"/> Buildings having floors used for human occupancy located more than 75 feet above the lowest floor level having building access	
<input type="checkbox"/> Hot Works:	
<input type="checkbox"/> Welding, Cutting and Brazing work conducted at facility	
<input type="checkbox"/> LPG:	
<input type="checkbox"/> Storage and use of LPG in non-portable containers/tanks	<input type="checkbox"/> Facility operates cargo tankers that transport LPG
<input type="checkbox"/> Lumber Yard:	
<input type="checkbox"/> Facility stores or processes over 100,000 board feet of lumber	
<input type="checkbox"/> Motor Vehicle Dispensing:	
<input type="checkbox"/> Automotive fuel dispensing facility <input type="checkbox"/> Fleet fuel dispensing facility	<input type="checkbox"/> Marine fuel dispensing facility
<input type="checkbox"/> Industrial Ovens:	
<input type="checkbox"/> Facility uses industrial ovens and/or furnaces	
<input type="checkbox"/> Places of Assembly:	
<input type="checkbox"/> Production and viewing of performing arts or motion pictures (A-1) <input type="checkbox"/> Banquet Hall (A-2) <input type="checkbox"/> Cafeteria (A-2) <input type="checkbox"/> Lunch room/break room with an occupant load of 50 or more (A-2) <input type="checkbox"/> Restaurant (A-2) <input type="checkbox"/> Community Hall (A-3)	<input type="checkbox"/> Educational/training room with an occupant load of 50 or more (A-3) <input type="checkbox"/> Gymnasium without seating (A-3) <input type="checkbox"/> Meeting/Conference Room with an occupant load of 50 or more (A-3) <input type="checkbox"/> Place of Worship with an occupant load of 50 or more (A-3) <input type="checkbox"/> Gymnasium with seating (A-4) <input type="checkbox"/> Swimming pool with an occupant load of 50 or more (A-5)
<input type="checkbox"/> Repair Garages:	
<input type="checkbox"/> Motor vehicle repair garage	
<input type="checkbox"/> Spraying or Dipping Operations:	
<input type="checkbox"/> Spray booth used for the application of flammable or combustible liquids <input type="checkbox"/> Dip tank operations utilizing flammable or combustible liquids	<input type="checkbox"/> Powder Coating operations <input type="checkbox"/> Limited Spraying Space
<input type="checkbox"/> State Licensed Facilities:	
<input type="checkbox"/> Daycare <input type="checkbox"/> Hospital <input type="checkbox"/> Jail	<input type="checkbox"/> Nursing Home <input type="checkbox"/> Surgery Center <input type="checkbox"/> School (Public or Private)

INSTRUCTIONS

- (1) BUSINESS NAME—Enter the business name of the facility.
- (2) DATE—Enter today's date.
- (3) FACILITY STREET ADDRESS—Enter the address of the facility.
- (4) FACILITY SQ/FT—Enter the square footage of the facility at this address (length x width x number of stories).
- (5) BASEMENT?—Indicate whether this facility has a basement.
- (6) MEZZANINE USE?—If the facility has a mezzanine indicate what it is used for (i.e. break room, storage, etc.)
- (7) NUMBER OF STORIES—Indicate the number of stories in height above ground.
- (8) ACCESS—Indicate the number of sides of the building that is accessible by Fire personnel without unusual effort.
- (9) SPRINKLER SYSTEM—Indicate the extent of coverage of the fire sprinkler system in the facility.
- (10) ENGINEERED FIRE PROTECTION SYSTEMS—Indicate the types of engineered systems in the facility.
- (11) SPECIALIZED FIRE PROTECTION SYSTEMS— Indicate the types of specialized systems in the facility.
- (12) FIRE ALARM SIGNAL SUPERVISION—Indicate how the facility's fire alarm system is being monitored (i.e., central/remote—all alarms are monitored by an outside private company who will notify 911 and building supervisors.)
- (13) OPERATING PERMITS—The top row of each table represents an operating permit in the California Fire Code and or the Mountain View City Code. Under each row is a list of special uses or processes that correspond with each operating permit. Choose the four (4) predominant operating permits at your facility and the corresponding special uses/processes from the above list.